

SUCCESS STORY

Addressing Service Provider Barriers Significantly Increases Uptake of Multi-month Dispensing of Antiretroviral Treatment Amongst HIV+ Patients at Nankandulo HCIV

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)



Maureen Nangobi is a HIV counsellor who is passionate about improving outcomes for people living with HIV (PLHIVs). She provides psychosocial support to PLHIVs receiving their HIV care and treatment at Nankandulo HC IV. Due to the large numbers of clients, she often felt overwhelmed: it was challenging to identify, prioritize and support the most vulnerable patients. These included PLHIVs

A health-worker dispensing antiretroviral therapy drugs at a health facility in East Central Uganda *Photo © USAID RHITES-EC 2020*

initiated and receiving antiretroviral treatment (ART) for less than a year, because of their higher risk of dropping out of HIV care, PLHIVs on ART with non-suppressed viral loads, children and their caregivers, and adolescents and young

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Counsellor Maureen and her colleagues pre-packing ARV's for patients transitioned to the multi-month dispensing program AT Nankandulo HCIV. Photo © Diana Ankunda, USAID RHITES-EC

adults who struggle with adherence to their treatment. Being able to prioritize and spend time providing psychosocial support to vulnerable clients makes HIV counselors like Mabel more effective at improving outcomes for PLHIVs.

To address the overwhelming client numbers, the Nankandulo HIV clinic staff held several discussions on transitioning stable patients to differentiated service delivery models of HIV care. The transition would reduce the overall staff workload in order to prioritize vulnerable clients and thereby improve quality of care and clinical outcomes including retaining them in care, improving treatment adherence which is critical to achieving viral load suppression and preventing resistance to antiretroviral (ARV) treatment. After discussion and consultation, the team opted to scale-up multi-month dispensing (MMD) of antiretroviral treatment. With this approach, clients categorized as stable who routinely receive a maximum of two months of ARVs could instead receive between three and six months of ARVs to reduce their number of clinic visits.

Building on knowledge and experience gained from previous mentorships and onsite trainings under the USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC), Maureen took the lead in identifying eligible patients for multi-month dispensing (MMD) of ARVs based on criteria to categorize stable versus unstable HIV clients (see text box). According to her review

Stable HIV patients are those who have:

- ▶ Spent at-least 12 months on antiretroviral treatment;
- ▶ A suppressed HIV viral load;
- ▶ No adverse drug reactions requiring regular monitoring;
- ▶ No current illnesses or pregnancy; and
- ▶ Good adherence to ARV's.

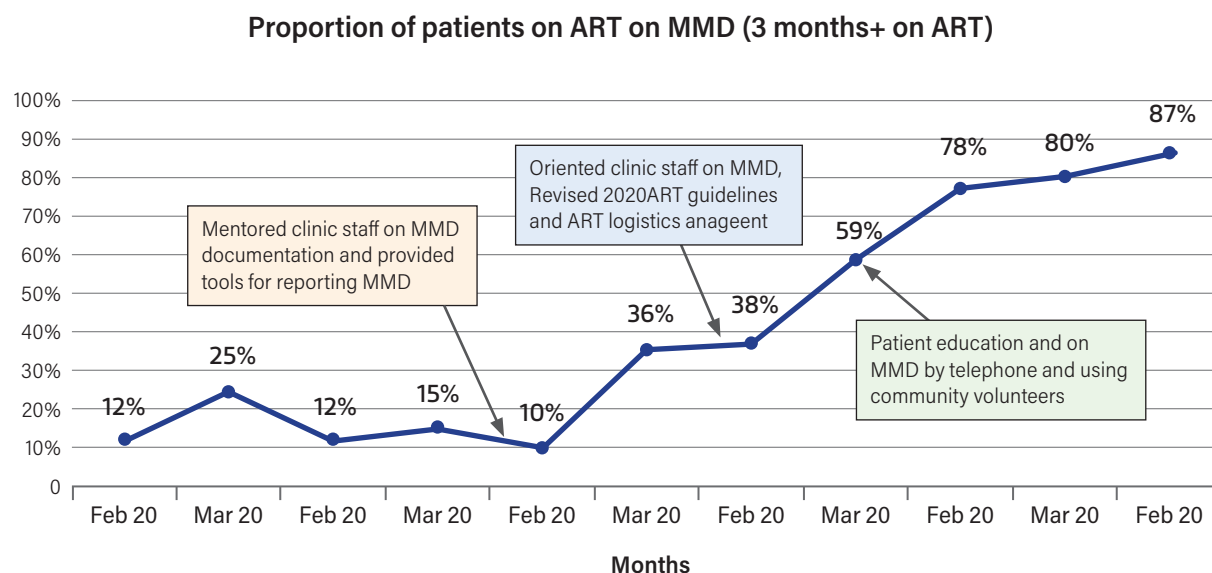
of patient files, Nankandulo HC IV had 623 stable PHLIVs in care in June 2020, but only 14% (87) of them received MMD, below the national target of 70% set by the Ugandan Ministry of Health.

Within this same period, a national lockdown to contain the spread of Covid-19 adversely affected access to health facilities for PLHIVS. The national lockdown and government regulation restricted public and private transport. Although some of the restrictions were eased, regulations continued to limit the number of passengers allowed in public service vehicles (including taxis) and doubled the cost of transport, a major challenge for clients even before the price hike.

To address this challenge, USAID RHITES EC expedited engagements with health facilities. While acceptability for MMD was high amongst clients at Nankandulo HCIV, service provider barriers hindered the uptake of MMD. These barriers included: Health worker knowledge gaps; limited tools for capturing and reporting information about MMD; delays in receiving viral load results from the National Public Health laboratories which hindered timely decision making; and low ARV stocks.

To address the service delivery challenges, a team from USAID RHITES-EC supported the health facility with updated tools for capturing and reporting data on MMD. They also mentored the HIV clinic staff at Nankandulo HCIV and other ART sites in East Central Uganda on documentation and reporting using MMD data tools. The mentorship teams also oriented clinicians, counsellors, linkage facilitators and data clerks on the 2020 ART guidelines to assess and switch

Figure 1. The proportion of patients receiving MMD at Nankandulo HC IV significantly improved from 12% in February 2020 to 87% in December 2020.



stable clients to community MMD refills. "If they've been suppressed for greater than a year and they are not due for a viral load test, I then work with the clinician to give them drugs for three to six months. I am confident that this client profile with regular phone followup will take their medication if we give them a longer refill," counsellor Maureen said.

Health facility staff were also trained to forecast and order appropriate quantities of ARVs to fulfill MMD prescriptions. To improve patient and community awareness during the lockdown, health workers and linkage facilitators (PLHIV volunteers) at Nankandulo HCIV used megaphones to inform patients in the nearby community to come to the facility for longer refills. For stable clients living far away, health workers made phone calls informing them of the plan to transition the PLHIVs to longer refills with their consent. For the small cohort of stable clients who were still unable to attend their clinic refills visits, healthworkers delivered ARV refills to their homes.

Implementation of these interventions at Nankandulo HC IV increased the number of stable clients receiving MMD from 15% to 87% within six months (June to December 2020), as shown in **Figure I**. As a result, these interventions have

been adapted and scaled up to improve the uptake of MMD at 134 health facilities supported by USAID RHITES EC. The percentage of clients receiving 3 or more months of ART increased from 36.1% in February 2020 to 53% by December 2020.

"The results following the multi-month dispensing transitions are amazing. By December 2020, 87% of the health facility's stable clients received three months or longer drug refills of ARVs. As a result, patient waiting times at our HIV clinic have significantly reduced. This has given health workers adequate time to provide quality psychosocial support to vulnerable groups, such as newly identified HIV positives and unsuppressed clients requiring intensive adherence counselling (IAC)," counsellor Maureen reported.